Image# 12961231516 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

Bill Foster for Congress ADDRESS (number and steemed) P.O. Box 9104 CITY, STATE, and ZIP CODE AUTORS 2. NAME OF CANDIDATE Bill Foster Bil	NAME OF COMMITTEE IN FULL			1	
ADDRESS (number and street) P.O. Box 3104 CITY, STATE, and ZIP CODE AUTOR 2. NAME OF CARDIDATE Bill Foster 3. OFFICE SOUGHT (State and Deskot) House IL 11 CO0435099 5. IS THIS AN AMENDMENT? NO. THIS IS A NEW FILMS NEED TO STAN AMENDMENT? NO. THIS IS A NEW FILMS NO. THIS IS A NEW FILMS NEED TO STAN AMENDMENT (Adv. year) Name of Employer ECRM, Incorporated Name of Employer Couparition Transaction ID : C19678609 Occupation Name of Employer Coupart (Adv. year) Date (month, day, year) Occupation 10/31/2012 1000.00 Transaction ID : C19678609 Cocupation Transaction ID : C19681592A Occupation CEO FULL NAME, MAILING ADDRESS AND ZIP CODE Mrs. Sheila M. Nielsen 1075 Pelham Rd Transaction ID : C19681572 Occupation Name of Employer Self Employer Cocupation Occupation Name of Employer Date (month, day, year) Date (month, day, year) Amount day, year) Name of Employer P.O. Date (month, day, year) Occupation Occupation Occupation Name of Employer Occupation Occupation Occupation Occupation Name of Employer Date (month, day, year) Date (month, day, year) Amount day, year) Namount day, year) Occupation Occupation Occupation Occupation Occupation Occupation Name of Employer Occupation Occup					
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